

ENVIRONMENTAL SERVICES

Notification of Death of Dog

Section 39, Dog Control Act 1996

I hereby declare that the dog/s listed below are now deceased and request a refund of part of the fee paid for the registration of my dog.

Date: _____

Name of owner: _____ Name ID: _____

Address: _____

Phone no: _____

Dog name	Animal ID	Breed/description	Licence tag number	Date of death

Notes:

Under Section 39 of the Dog Control Act 1996, a refund on the death of a dog is on a pro-rata basis and is calculated at the rate of 1/12 of the annual fee paid for that dog for each complete month remaining in the registration year after the **date of application for the refund**. Click [here](#) for a link to Section 39 of the Dog Control Act, 1996.

Every person commits an offence and is liable on conviction to a fine not exceeding \$3,000 who makes any written statement to a territorial authority to the effect that a dog is dead knowing that statement to be false. Click [here](#) for a link to Section 41A of the Dog Control Act 1996.

Signature of owner: _____ Date: _____

PLEASE NOTE - A signature is not required if you submit this form electronically. By entering your name in the signature box you are giving your authority for this application to proceed.

Statement for the purpose of Principle 3 of The Privacy Act 2020

1. The information is being collected to enable the Council to maintain its dog register and records.
2. The intended user of the information is the Council's Environmental Services Unit.
3. You have the right of access to and correction of any personal information held about you by the Council.
4. This information is held on the Council's dog register.
5. Supply of information from the dog register is strictly limited by Section 35 of the Dog Control Act 1996, which can be viewed [here](#).

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Refund

Refund to bank account:

Bank		Branch		Account Number								Suffix					

Account name: _____

Refund to Waimakariri District Council rates account

Address to transfer refund to: _____

or

Valuation Number (from Rates invoice): _____

Transfer to new dog

Dog's name: _____ Animal ID No: _____

No refund required

Return to

Waimakariri District Council
215 High Street
Private Bag 1005
Rangiora 7440

or office@wmk.govt.nz

or any Council Service Centres

Office use only

Amount: \$ _____

Refund to bank account: Journal No: _____

Referred to Finance

Transferred to rates account: Transfer form to Rates

Transferred to new dog: Animal ID _____

Completed form attached to Animal ID

No refund required

Actioned by: _____

Date: _____

Comments: